



Supplemental Application Data Sheet

Application Information

Application number::	10/712734
Filing Date::	11/12/03
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	3763
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	INERTIAL DRUG DELIVERY SYSTEM
Attorney Docket Number::	CPHM-P01-001
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	9
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	New Zealand
Status::	Full Capacity
Given Name::	Ian
Middle Name::	Warwick
Family Name::	Hunter
City of Residence::	Lincoln
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	6 Oakdale Lane
City of mailing address::	Lincoln

State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01773

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jane
Family Name:: Hirsh
City of Residence:: Wellesley
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 15 Pierce Road
City of mailing address:: Wellesley
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02481

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Alison
Family Name:: Fleming
City of Residence:: North Attleboro
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 39 Sumner Street, #1
City of mailing address:: North Attleboro
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02760

Correspondence Information

Correspondence Customer Number:: 28120

Representative Information

Representative Customer Number:: 28120

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/425,549	11/12/02

Assignee Information

Assignee name:: Collegium Pharmaceutical, Inc.
Street of mailing address:: 400 Highland Corporate Drive
City of mailing address:: Cumberland
State or Province of mailing address:: RI
Postal or Zip Code of mailing address:: 02864